	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	40.000	COLORADO
STATE PLAN MATERIAL	13-009	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Section 1902(a)(42)(B)(i)		oximate <u>\$ 0</u>
of the Social Security Act	b. FFY 2014 \$	0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Section 4.5	Section 4.5, 10-037	
	3 8 00011 4.5, 10-037	
10. SUBJECT OF AMENDMENT		
Medicaid Recovery Audit Contract Exception		
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED	
COVERNOR OF FIGE RELIGIOUS RECOMMENT	·	
Governor's letter dated 01 September 2011		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	Washington, 474,
Brutulona		
13. TYPED NAME	Colorado Department of Health Ca	re Policy and Financing
13. ITED NAME	1570 Grant Street	ie rollcy and rinalicing
John Bartholomew	Denver, CO 80203-1818	
14. TITLE	Attn: Barbara Prehmus	
Deputy Executive Director 15. DATE SUBMITTED		
8/29//3		
FOR REGIONAL OF		
17. DATE RECEIVED 8/29/13	18 DATE APPROVED 9/18	a 112 .]
PLAN APPRÖVED – ONI		~//5
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OF	FICIAL
7/1/13	Sell (In	
21. TYPED NAME	22 IIILE	
RICHARD C. AUEN	ARA DMCHO	
23 REMARKS		